

THE PATIENT IN PATIENT SAFETY: CLINICIANS' EXPERIENCES ENGAGING PATIENTS AS PARTNERS IN SAFETY

Panel co-chairs: Elizabeth Lerner Papautsky, University of Illinois at Chicago; Richard J. Holden, Indiana University School of Medicine; Rupa S. Valdez, University of Virginia

Panelists: Valerie Gruss, University of Illinois at Chicago; Jeffrey Panzer, AllianceChicago & Heartland Health Centers; Shawna J. Perry, University of Florida

Patients and families play a role in the safety of care provided across clinical settings, highlighting the need to understand clinician perspectives and experiences related to their engagement. Through a panel discussion entitled, *The Patient in Patient Safety: Clinicians' Experiences Engaging Patients as Partners in Safety*, we elicited clinician perspectives that have implications for human factors relevance in both, research and solution development/evaluation. We provide an overview of the panel including participants, format and content, and the resulting discussion.

BACKGROUND

Patients and informal caregivers play a role in the safety of care provided across settings ranging from inpatient, to ambulatory, and home (Ocloo, Garfield, Dawson, & Franklin, 2017; Papautsky, 2019; Sharma et al., 2018; Ward & Armitage, 2012; Weingart, 2013). The need for continued attention and progress on “the patient (and family) in patient safety” is reflected in research funding priorities and the foci of consumer organizations and advocacy. However, to date, little progress has been made to implement systematic solutions. Human factors perspectives and approaches are relevant to addressing the challenge of effectively supporting patients and families as actors in patient safety (Holden et al., 2013; Valdez, Holden, Novak, & Veinot, 2014). Patient and family engagement in safety often involves interactions with clinicians, for example, when a patient reports an undocumented change in medication to their physician or a nurse solicits patient and family preferences (Ozkaynak, Valdez, Holden, & Weiss, 2018). The integration of these multiple actors in the emerging models of patient safety (Schubert et al., 2017; Sharma et al., 2018) means it is important to understand clinicians' perspectives and experiences related to patient and family engagement.

Specifically, clinicians can help answer these outstanding questions:

1. What are the opportunities and barriers for clinicians in partnering with patients and families towards patient safety?
2. How do these opportunities and barriers differ across clinical settings and depending on patient factors?
3. What are potential strategies (e.g. technology, training, etc.) for supporting clinicians in partnering with patients and families?

To address the above topics, we convened a discussion panel entitled *The Patient in Patient Safety: Clinicians' Experiences Engaging Patients as Partners in Safety* at the 2019 HFES Healthcare Symposium in Chicago, IL. This was the second annual panel to discuss the topic of the patient's role in patient safety, following the 2018 panel, which focused on a variety of patient-centered research topics that directly or indirectly address safety (Papautsky et al., 2018). The objective of the 2019 panel was to explore the topic of the patient and family (or other partner or support person) in patient safety from the perspective of the clinicians across clinical settings in service of understanding their opportunities, barriers, attitudes, and needs to partner with patients and families towards safer care. The panel sought to identify relevant

applications for human factors in this area, practical implications, and gaps to be addressed in future research, practice, and policy. Below we provide an overview of the panel format, including participants, content, and questions.

PANEL PARTICIPANTS

Panel participants included three human factors researchers and three clinicians, with the latter each representing a different health care setting. The human factors researchers served as discussants for cases presented by the clinicians. Below we identify the participants along with a biography for each.

Elizabeth Lerner Papautsky, PhD

Role: panel co-chair, discussant

Affiliation: University of Illinois at Chicago

Bio: Dr. Papautsky is a Research Assistant Professor in the Department of Biomedical & Health Information Sciences at University of Illinois at Chicago. As a government contractor (2007-2016), she studied decision making in real-world complex environments (military, serious gaming, healthcare) using mixed methods approaches of ethnographic observations, cognitive task analysis interviews, and experiments. In 2016, she transitioned to academia to focus her research on applying human factors principles and methods to improve patient safety and quality with particular focus on patient knowledge and role in safety.

Richard Holden, PhD

Role: panel co-chair, discussant

Affiliation: Indiana University School of Medicine

Bio: Dr. Holden is an Associate Professor of Medicine at the Indiana University (IU) School of Medicine and the Chief Healthcare Engineer at the IU Center for Health Innovation and Implementation Science. He earned a joint PhD in Industrial Engineering and Psychology from the University of Wisconsin. His research applies approaches from human factors and related disciplines to support the work of patients, members of their social network including informal caregivers, and clinicians through interventions such as technology.

Rupa Valdez, PhD

Role: panel co-chair, discussant

Affiliation: University of Virginia

Bio: Dr. Valdez is an assistant professor at the University of Virginia with joint appointments in the School of Medicine and the School of Engineering and Applied Sciences. She merges the disciplines of human factors engineering, health informatics, and cultural anthropology to understand and support the ways in which people manage health at home and in the community. Her research has a specific focus on underserved populations, including populations that are racial/ethnic minorities, are of low socioeconomic status, or are living with physical, sensory, or cognitive disabilities. She is the founder and president of Blue Trunk Foundation, a nonprofit organization dedicated to making it easier for people with chronic conditions and disabilities to travel.

Valerie Gruss, PhD, APRN, CNP-BC, FAAN

Role: clinician panelist

Affiliation: University of Illinois at Chicago

Bio: Dr. Gruss, UIC Associate Professor, has a broad range of experience and expertise working in primary care and geriatrics with multidisciplinary teams in a variety of settings. Her role blends practice, research and education. As a geriatrician she is lead clinical consultant for the Illinois Department on Aging (IDOA) Money Follows the Person program which has transformed the paradigm of elder care by transitioning eligible persons out of nursing homes and back into the community, thereby improving their quality of life. Dr. Gruss' overall research focus is improving the care of the older adult as PI of a \$3.3 million HRSA Geriatrics Workforce Enhancement Program (GWEP) grant. Dr. Gruss teaches primary care and geriatrics in the College of Nursing graduate program and has been engaged in Interprofessional Education initiatives at UIC for over 10 years.

Jeffrey Panzer, MS, MD

Role: clinician panelist

Affiliation: AllianceChicago & Heartland Health Centers

Bio: Dr. Panzer is a practicing family physician and clinical lead for quality and innovation at Heartland

Health Centers. He is also the director of innovation at AllianceChicago, an organization whose focus is to promote collaboration, improve health IT, and advance patient-oriented research. Jeff has a background and interest in primary care re-design, quality improvement, electronic medical record usability, and global health and received a master's degree in healthcare quality and patient safety. Jeff has experience working in several different care models including federally qualified health centers and value-based care models such as Oak Street and Iora Health.

Shawna Perry, MD

Role: clinician panelist

Affiliation: University of Florida

Bio: Dr. Perry is Associate Professor of Emergency Medicine at University of Florida Health Science Center in Jacksonville, FL and an Honorary Researcher at the University of Wisconsin-Madison, College of Engineering, Center for Quality & Productivity Improvement. She spent 6 years as the Director for Patient Safety System Engineering at VCU Health Systems in Richmond, VA and Associate Professor/Associate Chair for the Department of Emergency Medicine. She also was Director of Clinical Operations/Associate Chair of Emergency Medicine at University of Florida Health Sciences Center in Jacksonville, FL where she provided leadership and management for numerous departmental, hospital and university-based initiatives related to large scale coordination of clinical work and implementation of new information technology (IT) systems into clinical settings. She is widely published on topics related to patient safety, human factors and ergonomics, naturalistic decision-making, resilience in healthcare, and emergency medicine.

PATIENT SAFETY CASES

Clinician panelists presented a 5-minute case study meeting these requirements:

Please describe a case study where partnering with patient either did or would have made a difference in the safety of care provision. This can be a lived experience or an envisioned one. Please highlight relevant patient factors (e.g. socio-economic,

culture, etc.) and sufficient detail. Please select an example that involved one or more of the following components that have human factors relevance: use of technology (or another type of tool), hand-offs, communication, workflow, workload, etc.

1. Presentation by Dr. Gruss with discussion questions by Dr. Papautsky

Dr. Gruss shared an example of a case where knowledge elicitation by a clinician revealed a history of significant radiation exposure of a patient that was planning to get pregnant. Based on this contextual patient information (that would not have been revealed through traditional history taking), Dr. Gruss reached out to other care team members in service of developing a tailored and safe care plan for the patient.

Dr. Papautsky's questions covered the topics of supporting the clinician in information elicitation and documentation and whether there is support currently in place (such as within the electronic health record).

2. Presentation by Dr. Panzer with discussion questions by Dr. Holden

Dr. Panzer presented on a case study of a patient who experienced a delay in a cancer diagnosis due to lack of follow-up and a mistake in referrals. He discussed implications for information chaos and potential solutions.

Dr. Holden's questions covered the topics of human factors relevance, including tools and strategies already applied to improve patient engagement.

3. Presentation by Dr. Perry with discussion questions by Dr. Valdez

Dr. Perry provided multiple themed examples of *ad hoc* contributions by patients and caregivers to mitigating risk and supporting safety in the dynamic, uncertain clinical work of an Emergency Department. Specifically, she proposed four distinct categories in which they are engaged, all of which are relied upon by clinicians and ED staff.

Dr. Valdez's question addressed the challenge of making progress in patient engagement with considerations for clinician workload and engaging patients from a variety of backgrounds.

4. Audience questions

Audience question and comments addressed the following topics:

- How to ensure systematic learning from the cases presented
- Navigating barriers of knowledge elicitation from patients

IMPLICATIONS

Patient and family engagement in safety is a problem space in need of more research and an operational gap in need of effective support solutions. It is also a challenge in need of a culture shift in healthcare. This culture shift requires persistent calls to action and must involve elicitation of multiple perspectives including those of clinicians, patients, and families, representing communities of research, practice/operations, and advocacy. Our panel highlights the need for continued conversation on this topic within (and outside) of the healthcare human factors community to identify and address research and practical gaps addressable in part through human factors contributions.

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